CR 0100 WEB (11/10/10)
COLORADO DEPARTMENT OF REVENUE COLORADO SALES TAX / WAGE
1375 SHERMAN STREET
DENVER CO 80261-0009 WITHHOLDING ACCOUNT APPLICAT

WITHHOLDING ACCOUNT APPLICATION

| INSTRUCTIONS FOR THIS FORM ARE IN THE PUBL | LICATION CR 0101 | | | | | |
|--|--|-------------------------|-------------------------|------------------------|------------------|----------|
| A 1. REASON FOR FILING THIS APPLICATION ☐ Original Application ☐ Change of Ownership ☐ Additional Location | | | | | | |
| Do you have a Department of Revenue Account Number? | orial Location | | | | | |
| Yes No IF Yes, Account # | | | | | | |
| 2. Indicate Type of Organization ☐ Individual ☐ Limited Liability Company (LLC) ☐ Corpor | oration/'S' Corp. Government | | | | | |
| General Partnershin Limited Liability Partnershin (LLP) | riation | | | | | |
| Limited Partnership Limited Liability Limited Partnership (LLLP) Estat 1a. Taxpayer Name (Owner, Partners or Corporate Name) (Last, First, N | e/Trust Non-profit | | 1h Taynayar | D /Doguiromon | to 000 nogo 2\ | |
| B Ta. Taxpayer Name (Owner, Partners of Corporate Name) (Last, First, In | niudie) | | тр. тахрауег | אט (Requiremen | ts—see page 2) | |
| 2a. Trade Name/Doing Business As (If applicable, and for informational purposes only) | 2b FFIN | | 2c. SSN | | | |
| | | | | | | |
| Physical place of business | | | | | | |
| 3a. Principal Place of Business | City | | State | ZIP Code | | |
| | | | | | | |
| 3b. County | 3c. If business is within limits of a ci | 3d. Telephone | | | | |
| | | | () | | | |
| Mailing address 4a. Name (Last, First, Middle) | | | 4b. Telephone | | | |
| 4a. Name (Last, 1 list, Middle) | | | 4b. Telephone | ; | | |
| 4c. Mailing Address | City | | State | ZIP Code | | |
| • • • | | | | | | |
| 5. List Specific Products and/or Services you Provide and EXPLAIN IN DETAIL (S | ee page 2, section B5 for additional s | space) | | | | |
| | | | | | | |
| Do you sell motor vehicle tires? ☐ Yes ☐ No | Do you rent ou | ut items for 30 days or | less? Yes | No | | |
| Is your business in a special taxing district? Yes No | Do you sell pre | epaid wireless service' | ? | No | | |
| 6a. Owner/Partner/Corp. Officer (Last, First, Middle) | | | 6b. Title | | | |
| A | Ta | | | | | |
| 6c. FEIN | 6d. SSN | | 6e. Telephone | | | |
| 6f. Address (Residence, P.O. Box, or Street) | City | | () State | ZIP Code | | |
| oi. Address (Nesidefice, F.O. Dox, of Street) | City | | State | ZIF Code | | |
| 7a. Owner/Partner/Corp. Officer (Last, First, Middle) | | | 7b. Title | | | |
| (, , , , | | | | | | |
| 7c. FEIN | 7d. SSN | | 7e. Telephone | <u> </u> | | |
| | | | () | | | |
| 7f. Address (Residence, P.O. Box, or Street) | City | | State | ZIP Code | | |
| | | | | | | |
| If you acquired the business in whole or in part, complete the following: | | | Oh Data of A | aujoition | | |
| 8a. Prior Taxpayer Name | | | 8b. Date of Acquisition | | | |
| 8c. Address | City | | State | ZIP Code | | |
| | , | | | | | |
| 1. ☐ If Seasonal, mark ☐ Jan. ☐ April ☐ July | ☐ Oct. | Period Covered | | CC0 | | |
| each □ Feb. □ May □ Aug. | ☐ Nov. | From To | _ F | EES (see | e page 2) | ΙE |
| business month Mar. June Sept. | | Mo Mo | (0020- _{Sta} | te Sales Tax | | |
| 2a. Filing Frequency: If sales tax collected is: \$15.00/month or less—Annually 2b. First Day of Sale | es (Mo/Day/Yr) | Yr Yr | | oosit (355) | s | |
| Under \$300/menth Quarterly | Account Number (DEPT. USE ONLY) | Mo Mo | /0000 | es Tax | Ψ | |
| S300/month or more—Monthly | Account Number (DEPT. USE ONLY) | Yr 12 Yr | · | ense (999) | s | |
| Wholesale only—Annually | 7.11 | Mo Mo | /0400 | olesale | Ψ | |
| 11 7 | aritable Retailers-Use 2. Oil/Gas | Yr 12 Yr | | ense(999) | \$ | |
| 1. Filing Frequency: If wage withholding amount is \$\text{\$\subseteq\$ \$1-\$6,999/Year - Quarterly}\$\$ \$50,000+/Year \text{\$\text{\$-Weekly}\$}\$\$ | □ Withholding | Mo Mo | (1000- _{Wa} | | ļ | |
| \$1-\$6,999/Year - Quarterly \$50,000+/Year — Weekly \$1,7,000-\$49,999/Year - Monthly Must file by Electronic Funds Transfer (EFT) | | Yr Yr | 750) Wit | hholding (999) | ¢ | 0.00 |
| 3a. First Day of Payroll, if applicable (Mo/Day/Yr) 3b. Payroll Records | ` ' | Mo Mo | 10.1.00 | aritable | Ψ | 0.00 |
| 3a. First Day of Payroll, if applicable (MorDay/11) | relepriorie | Yr 12 Yr | | ense (999) | \$ | |
| 3c. Payroll Records Location (List Address) | | | ´ - | TOTAL | | |
| oo. Tayron roomas Ecoalion (Elstradioss) | | MAKE CHECKS PAYA | BLE IU: | | \$ | .00 |
| I dealers under penalty of position in the accordate with the state of | anto modo in this application are free | Colorado Department | | | ., Denver, CO 80 | 261-0009 |
| I declare under penalty of perjury in the second degree that the statements SIGNATURE of Owner, Partner, or Corporate Officer Required | ents made in this application are true | and complete to the b | est of my kno | wieage. | Date | |
| | | | | | | |
| | | | | | | |

FEE SCHEDULE

- Trade name registration: Trade name registrations must be done with the Colorado Secretary of State.
- **Unemployment insurance**: Colorado unemployment insurance tax is administered by the Colorado Department of Labor and Employment.
- · Wholesale and retail license

If first day of sales is:

| January to June even-numbered years 2010, 2012, 2014 | \$16.00 |
|--|---------|
| July to December even-numbered years 2010, 2012, 2014 | \$12.00 |
| January to June odd-numbered years 2011, 2013, 2015 | \$8.00 |
| July to December odd-numbered years 2011, 2013, 2015 | \$4.00 |
| Charitable license | \$8.00 |
| • A deposit is required on a retail sales tax license only | \$50.00 |

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically

Fee Notes

- The \$50 deposit will be refunded automatically after a business has collected and paid \$50 in *state sales taxes*. *DO NOT* deduct the deposit on your sales tax return. The deposit is only required on a business first location.
- There is no charge for a multiple or single event license IF a business has a current wholesale or retail sales tax license.
- For single and multiple event licenses complete the DR 0589 "Sales Tax Special Event Application."
- · All licenses except the single event license are valid through December 31 of each odd-numbered year.

If you have questions call the Department of Revenue, (303) 238-SERV(7378).

INSTRUCTIONS: This form consists of two copies; please complete the form.

If you've downloaded this form from the Internet, please complete the form and make a photocopy of it. Mail the original form to:

Colorado Department of Revenue Denver CO 80261-0013

and retain one copy of the completed form for your records.

For walk-in service, please bring two copies of the completed form to:

DENVER SERVICE CENTER 1375 Sherman St. Denver CO 80261

COLORADO SPRINGS SERVICE CENTER 2447 North Union Blvd. Colorado Springs, CO 80909

FORT COLLINS REGION SERVICE CENTER 1121 W. Prospect Rd., Bldg. D Fort Collins, CO 80526

GRAND JUNCTION SERVICE CENTER 222 S. Sixth St., Room 208

PUEBLO SERVICE CENTER 827 W. 4th St., Suite A Pueblo CO 81003

Grand Junction CO 81501

Taxpayer ID Requirements:

All walk-in and mail-in business and individual applicants for a Sales/use Tax or Wage Withholding with the Colorado Department of Revenue must provide valid proof of identification at the time of application. Valid proof includes a legible copy of a Colorado Driver's License, Colorado Identification Card, United States Passport, Resident Alien Card (Indicating eligibility for employment), United States Naturalization papers, and/or Military Identification Card. If the applicant is from another state, a valid driver's license or other picture ID from that state is required.

В

5. List Specific Products and/or Services you Provide and EXPLAIN IN DETAIL (Continued from page 1)

